

A Patient's Guide to Spine Surgery



BON SECOURS
MARY IMMACULATE HOSPITAL



Table of contents

- Welcome to Mary Immaculate Hospital 1**
- Read this book and watch the spine surgery seminar 2**
 - How to access the seminar 2
- Learn about spine surgery 5**
 - About your spine 5
 - Common disc injuries 5
 - Spondylolysis (degenerative disc disease) 6
 - Spondylolisthesis 6
 - What is a spinal decompression surgery? 7
 - What is a spinal fusion surgery? 7
 - Ask your surgeon 7
 - Risks of surgery 7
- Complete pre-anesthesia testing (PAT) 8**
 - Pre-operative testing 8
 - Pre-operative physical exam 8
 - Nursing interview 8
- Medications before surgery 9**
 - Anticoagulants (blood thinners) 9
 - Diabetes medications 9
 - Herbal supplements, vitamins and over-the-counter medications 9
 - Nonsteroidal anti-inflammatory (NSAIDS) 9
 - Prescription pain medication 9
 - Weight loss medication 9
 - Vaccinations 9
- Do these things before surgery 10**
 - Get a coach 10
 - Eat healthy 10
 - Make your home safe 10
 - Purchase or borrow medical equipment 10
 - Stay active 10

Stop consuming alcohol	11
Stop smoking	11
Visit your dentist	11
Understand bathing before surgery	12
Caution	12
Special instructions	12
Understanding the day of surgery	14
Bring these items labeled	14
Checking in for surgery	14
Holding area	14
Family waiting area	15
Post-anesthesia care unit (PACU)	15
After PACU	15
Understand anesthesia	16
General anesthesia	16
Understanding post-surgery	17
Bathing and dressing	17
Back brace or neck collar	17
Ice	17
Incentive spirometer	17
Managing pain	18
Sleeping	18
Stay active	18
Steps and walking	19
Support hose	19
How to prevent complications	20
Blood clots	20
Constipation	20
Infection	20
Nausea	21
Pneumonia	21



Understanding medications after surgery	22
Acetaminophen (Tylenol®)	22
Antibiotic	22
Anti-inflammatory (NSAID)	22
Daily medications	23
Muscle relaxers	23
Narcotic pain medication	23
Stool softener	23
Medication side effects sheet	24
About the drain (removal and dressing)	25
When will the drain come out?	25
Things to know	25
Hemovac drain	25
JP drain	26
Understanding care after discharge	27
Home health or outpatient therapy	27
Surgical incision care	27
Bathing after surgery	27
How many grams of protein you need to heal	28
Eat healthy	28
Be safe after surgery	29
Back safety	29
Neck safety	30
How to:	31
Get out of bed	31
Get into a car	31
Sit down and stand up	32
How to use a walker	32





Welcome to Mary Immaculate Hospital

Thank you for choosing Mary Immaculate Hospital to help restore you to a higher quality of life after your spine surgery. This is an *elective surgery*, which means you and your surgeon have decided this is the best way to fix your spine issues. It also means you have time to get ready for surgery and plan your recovery at home.

You play a key role in having a successful surgery. Studies show that patients who participate in pre-operative education have less anxiety, a better surgical experience and smoother recovery. **Start getting ready now** by following the steps in this book.

The team at Mary Immaculate Hospital is here to help you every step of the way. Here are some phone numbers you may need as you get ready for your surgery.

Call us with any questions. We look forward to being a part of your journey.

Mary Immaculate Orthopedic Team

Main Hospital	757-886-6000
Surgical Pavilion Reception	757-886-6300
Pre-anesthesia Testing Department	757-886-6411
Registration Department	757-886-6651
Business Office	877-342-1500
MyChart Access	866-385-7060
Debbi Boudet, Surgical Navigator	757-886-6640
Felicia Harris, Nurse Director Surgical Unit	757-866-6138

Read this book and watch the spine surgery seminar

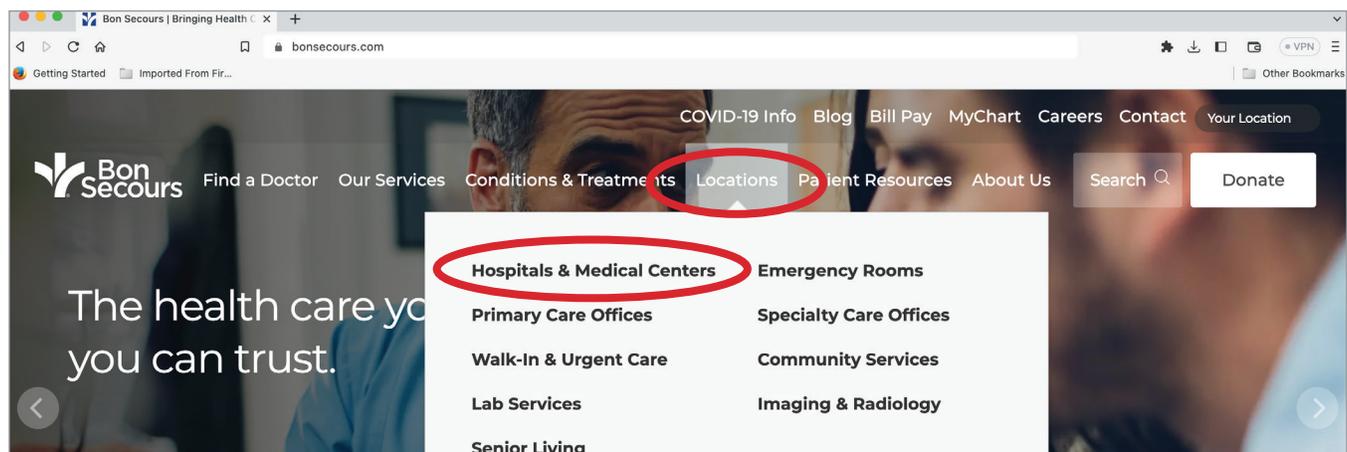
How to access the seminar

Step 1: Enter this website into your browser:

bonsecours.com/locations/hospitals-medical-centers/hampton-roads/bon-secours-mary-immaculate-hospital/pre-operation-education

You can also go to **bonsecours.com**:

Select **LOCATIONS** in the ribbon at the top of the page.
Then select **HOSPITAL & MEDICAL CENTERS**



Step 2: Select **LEARN MORE** under Hampton Roads

Hampton Roads

Bon Secours has a large variety of hospitals and medical centers in the Hampton Roads and surrounding areas, including Mary Immaculate Hospital - the only faith-based hospital on the Peninsula.

[Learn More](#)

Step 3: Select **BON SECOURS MARY IMMACULATE HOSPITAL**

HAMPTON ROADS

Bon Secours – Southampton Medical Center

Bon Secours Health Center at Harbour View

Bon Secours Mary Immaculate Hospital

Bon Secours Maryview Medical Center

Step 4: Select Bon Secours Mary Immaculate Hospital **PRE OPERATIVE EDUCATION**

**BON SECOURS MARY
IMMACULATE HOSPITAL**

Patient Information

Visitor Information

Pre-Op Education

Annual Reports

Step 5: Click on the arrow to play the **SPINE PRE-OPERATIVE SEMINAR**.



Step 6: Please select **COMPLETE THE SURVEY** located above the Hip and Knee Replacement Seminar and fill it out.

****Once you've watched the video below, you must fill out a brief survey to receive credit for completing the course.****

Complete the Survey

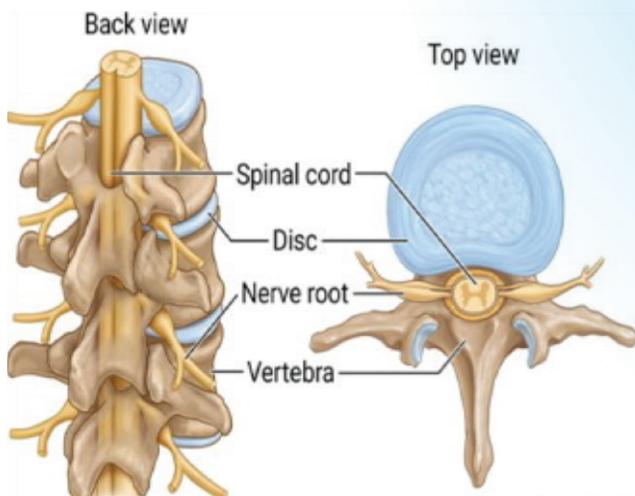
Learn about spine surgery

About your spine

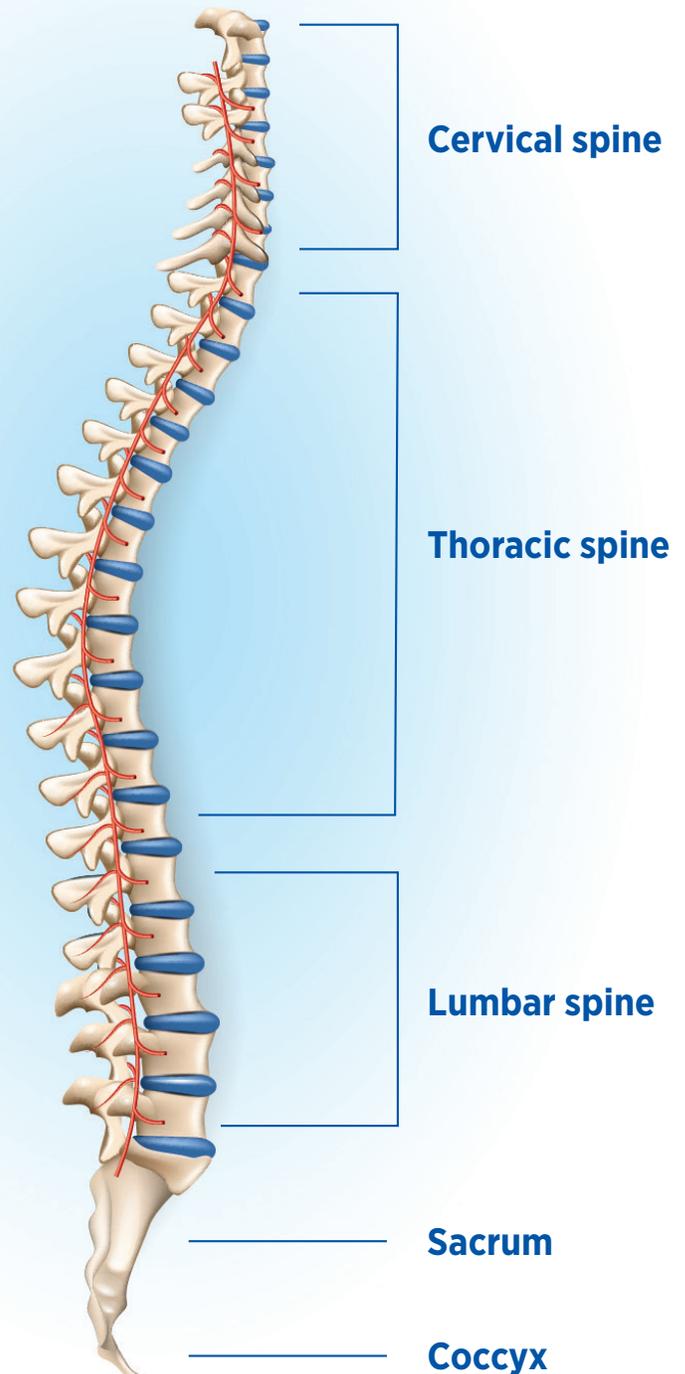
Your spine is made up of 33 bones called **vertebrae** (back bone). These vertebrae let you bend and twist. Running down the middle of the vertebrae is your **spinal cord**.

Intervertebral discs are between each vertebrae. Each disc has a strong outer layer with a jelly-like center that acts as a cushion between each vertebrae. Discs allow movement. Any type of body pressure, such as bending or twisting the wrong way, can cause a disc injury.

The **spinal cord** is made up of a bundle of nerves that send signals from your brain to your body.



American Academy of Orthopaedic Surgeons



Cervical spine

Thoracic spine

Lumbar spine

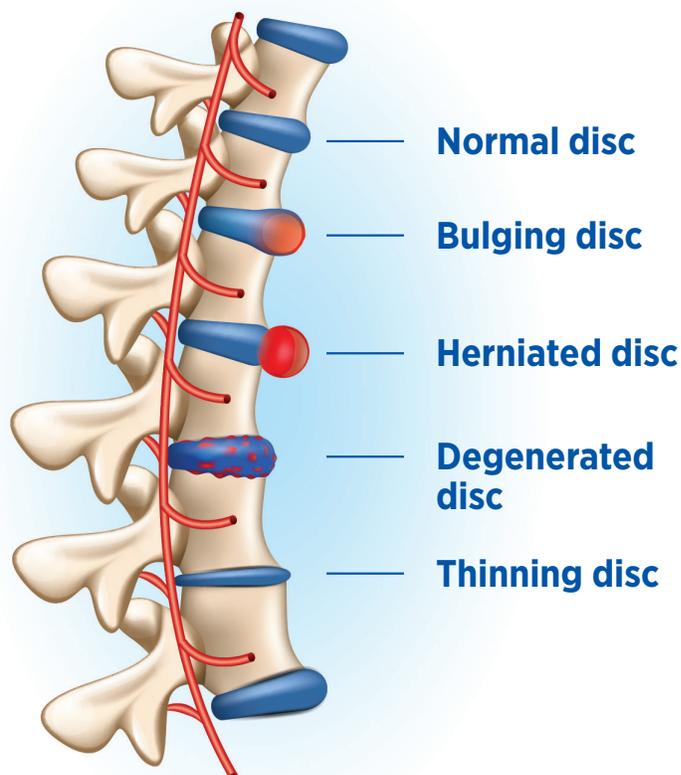
Sacrum

Coccyx

Common disc injuries

Degeneration: Discs flatten and wear down, causing spurs (bony growth) on the vertebrae which irritate the nerves around it.

Herniation: This is when the disc bulges outside of the vertebral column (back bone). The disc will put pressure on a nerve.

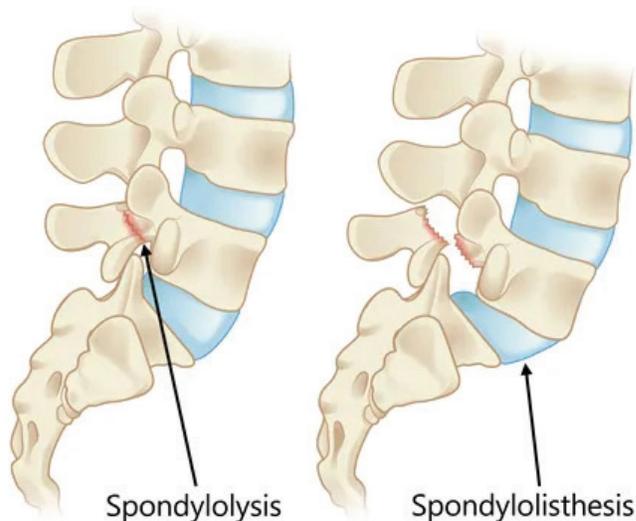


Spondylolysis (degenerative disc disease)

This is caused by normal wear and tear to your spine from aging and repetitive stress to the spine. It can affect the discs, joints and ligaments anywhere in your spine. These changes can lead to muscle aching and painful movement.

Spondylolisthesis

This is when one or more vertebrae slip out of place onto the vertebrae below. There are several reasons this can happen, including wear and tear over time or injury. This slipping can put pressure on your nerves, leading to problems in your neck or back. This pressure on your nerves can also lead to arm or leg pain, numbness, tingling and weakness.



What is a spinal decompression surgery?

Decompression (laminectomy): the removal of bone and diseased tissues that are putting pressure on your spinal nerves.

What is a spinal fusion surgery?

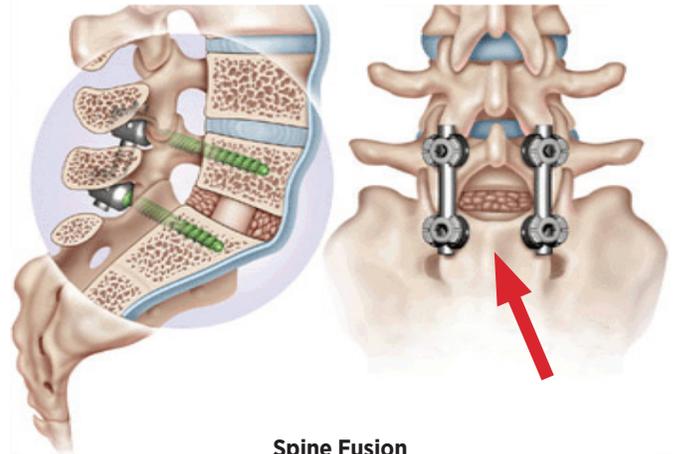
Rods and screws are used to connect two or more vertebrae together to stabilize the spine. After surgery, the bone will grow (fuse) into a single solid bone. Spinal fusion stops movement between the vertebrae. This surgery can be done on any level in the spine. Fusing the vertebrae will take away some flexibility. Your surgeon will talk with you about whether your specific procedure may impact flexibility or range of motion in your spine.

Ask your surgeon

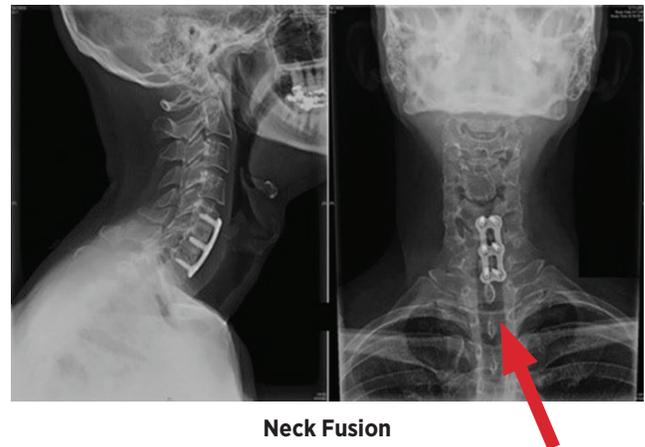
Talk to your surgeon about how your surgery will be performed and how long it will take.

Risks of surgery

Your surgeon will go over the risks of surgery in the office. Some of these risks can include problems with anesthesia, infection, surgical bleeding, blood clots, damage to nerves or blood vessels and dislocation. These complications are rare, but still possible.



Spine Fusion



Neck Fusion

Complete pre-anesthesia testing (PAT)

Pre-operative testing

Your surgeon will decide what pre-operative testing you need before surgery.

- Pre-operative tests must be completed **within 30 days** of surgery. Lab work is good for 90 days.
- You **don't need an appointment** at Mary Immaculate for pre-operative testing.
- Come to the Medical Pavilion Mon.–Fri. between 6:30 a.m.–5 p.m. (EKGs are available 8 a.m.–3 p.m.).
- Bring a photo ID, COVID-19 vaccination card and insurance card to the Registration Department located in the Medical Pavilion.
- Results of your testing will be sent to your surgeon. You will be contacted if test results are abnormal.
- Use **MyChart** to see all your medical information, test results, appointments and surgical information. If you need help signing up, please call **833-691-4357**.

Pre-operative physical exam

- If you have any high-risk medical conditions, or see a specialty doctor, you may need surgical clearance from these physicians (such as a cardiologist or pulmonologist).
- Your surgeon will let you know if you need to see any doctors to make sure you are safe for surgery.

- Call your surgeon's office or our PAT nurses if you are having trouble getting an appointment for surgical clearance.

Nursing interview

We'll call about 2 weeks before your surgery to set up your phone appointment with a PAT nurse. **This is a mandatory anesthesia interview.** During the call, you will be asked about your:

- Medical and surgical history
- Allergies (food and medication)
- Medications (including vitamins, herbal supplements and anything over the counter)
- Medication names, dosage and how often you take them
- Email address

Have a pen and paper handy during this interview to write down what medications you are told to stop. It is easy to forget what the nurse tells you.

If you've had a nursing interview that's **older than 30 days**, you must have another interview.

**Call our PAT department at
757-886-6411 or 757-886-6300
if you need to change
your appointment
or have any questions.**

Medications before surgery

Stop these medications:

Anticoagulants (blood thinners)

These must be stopped before surgery.

Ask your surgeon and prescribing physician when to stop these medications.

Examples include Aspirin®, Coumadin®, Effient®, Eliquis, Plavix®, Pradaxa®, Xarelto®.

Diabetes medications

Tell the doctor who treats your diabetes, you are having surgery. Diabetic medication will need to be adjusted or held before surgery.

Examples include Insulin Glargine (Lantus®), Dulaglutide (Trulicity®), Empagliflozin (Jardiance®), Metformin, Pioglitazone (Actos®)

Herbal supplements, vitamins and over-the-counter medications

Stop 14 days before surgery.

Nonsteroidal anti-inflammatory (NSAIDS)

Stop 7 days before surgery (including creams). Your surgery may be postponed if you don't stop NSAIDS.

Examples include Advil®, Aleve®, Celebrex®, Mobic®, Motrin®, Naproxen®, Toradol®, Vytorin®.

Weight loss medication

Stop Phentermine 7 days before surgery.

Keep taking these medications

Prescription pain medication

You may keep taking them as prescribed. Cutting back on the amount you take before surgery will help the narcotic work better after surgery.

Examples include Tylenol® (Acetaminophen), Roxicodone®, Percocet®, Oxycodone w/Acetaminophen, Tramadol, Norco®, Vicodin®, Hydrocodone w/Acetaminophen, Gabapentin, Neurontin®.

You can continue taking **Gabapentin or Neurontin** as prescribed.

Vaccination

You may get your COVID-19 and flu vaccine prior to surgery. Call your surgeon about any other vaccinations.

Do these things before surgery

Get a coach

Arrange for family or friends to help you for the first few days after surgery.

Eat healthy

- Eat healthy foods now, so your body will be ready to heal itself after surgery.
- Fix and freeze (or buy) healthy meals for times you may be alone.

Make your home safe

- Remove loose rugs around the house.
- Secure stairway handrails.
- Get a bedside commode or raised toilet seat if you have a low toilet.
- Put night lights in dark hallways and bathrooms.
- Plan for someone to care for your pet.



Purchase or borrow medical equipment

Mary Immaculate Hospital does **not** provide the following medical equipment:

- **Walker:** Back surgery patients need to get a front wheeled walker.
- **3-in-1 bedside commode:** Fits over your toilet seat to make it higher. It's not required but may be helpful after surgery if you have a low toilet seat.
- **Gel ice packs**
- **Back brace:** Your surgeon will arrange for you to get a back brace before surgery if you need one.

Bring the back brace with you the day of surgery.

Call your surgeon if you need help getting any of these items.

Stay active

Motion is lotion to the body. Sitting around is just as bad for your body as smoking.

- Use your walker now to help you walk if you have back pain.
- Keep walking and moving as you get ready for surgery.
- The stronger your legs and arms are, the easier your recovery will be.



Stop consuming alcohol

- Don't drink 2 weeks before surgery, or at least limit yourself to 1 serving of wine, beer or liquor each day.
- Don't drink alcohol while taking pain medication or Tylenol (acetaminophen).
- Check with your doctor before resuming alcohol intake.

Stop smoking

- Smoking damages the lungs and other organs. It also slows wound healing.
- Smoking increases your risk of getting an infection and pneumonia.
- Quitting 4 weeks before surgery lowers postoperative complications by 20%–30%.

Visit your dentist

Unhealthy teeth and gums lead to a bacteria buildup in your mouth. This bacteria can enter your bloodstream, causing an infection in your surgical site.

- Brush and floss your teeth twice a day.
- Visit a dentist if you have any problems with your teeth or gums before surgery.
- Complete any ongoing dental work before surgery.
- Check with your surgeon to see how close to your surgery date you can have dental work.

Understanding bathing before surgery

Your skin is covered with bacteria, which helps you stay healthy. If you get a cut or surgical incision, bacteria enters your body through the opening, increasing the chance of getting an infection. Cleaning your skin before surgery can lower the risk of infection in your new joint.

Our registration department will give you a kit that has a liquid antiseptic solution called Chlorhexidine Gluconate (CHG) and three sponges when you come in for pre-anesthesia testing.

Caution

- Don't use CHG if you are allergic to it. Instead use antibacterial soap, such as Dial®.
- Don't put the CHG solution on your face, head and genitals. Use your regular soap in those areas.



Special instructions

- Stop shaving 3 days before surgery. Only facial hair is allowed to be removed with an electric shaver. Shaving can cause cuts in the skin that may lead to an infection.
- Don't put any lotion, powder, sprays or deodorant on your skin after using the CHG solution.
- Take a shower **2 hours** before coming in for surgery using antibacterial soap.

The first shower

- Only use 1/3 of the solution with each shower.
- Take a shower and wash your entire body, including your hair and genitals, using your normal soap and shampoo.
- Turn the shower water off or step away from under the water flow.
- While your skin is still wet, use 1 of the sponges in the StartClean kit and pour 1/3 of the solution onto the sponge.
 - Wash from the neck down.
 - Don't use on your face or ears.
 - Don't use on your genitals (private parts) or anus area.
- The solution does not lather. Wash without scrubbing your skin.
- Let the CHG solution stay on your skin for **1 minute** before you rinse it off.

- Wash both arms and legs. Pay special attention to underarms and groin.
- Wash your back (you may need to ask someone to help you).
- Wash your buttocks.
- Rinse your body very thoroughly.
- Use a newly washed, clean towel to dry your body.
- Use newly washed clean clothes, sheets and pillowcases after showering.

**If you have any questions,
call 757-886-6411 or 757-886-6300
8 a.m.–5 p.m., Mon.–Fri.**

The second shower

Repeat the shower process as described using 1/3 of the solution.

The third shower

Repeat the shower process as described using 1/3 of the solution.

Thank you for helping us to prevent surgical site infections.

Understanding the day of surgery

Bring these items labeled

- CPAP
- Front wheeled walker (for back surgery).
- List of changes to medications, medical history, allergies or contact information.
- Money for prescription copay (if you have one).
- Tricare patients will have to use an outside pharmacy for prescriptions.

Checking in for surgery

Come to the 1st floor of the Surgical Pavilion located across from the Emergency Department **unless your surgeon's office tells you to go to the main entrance off Denbigh Street.**

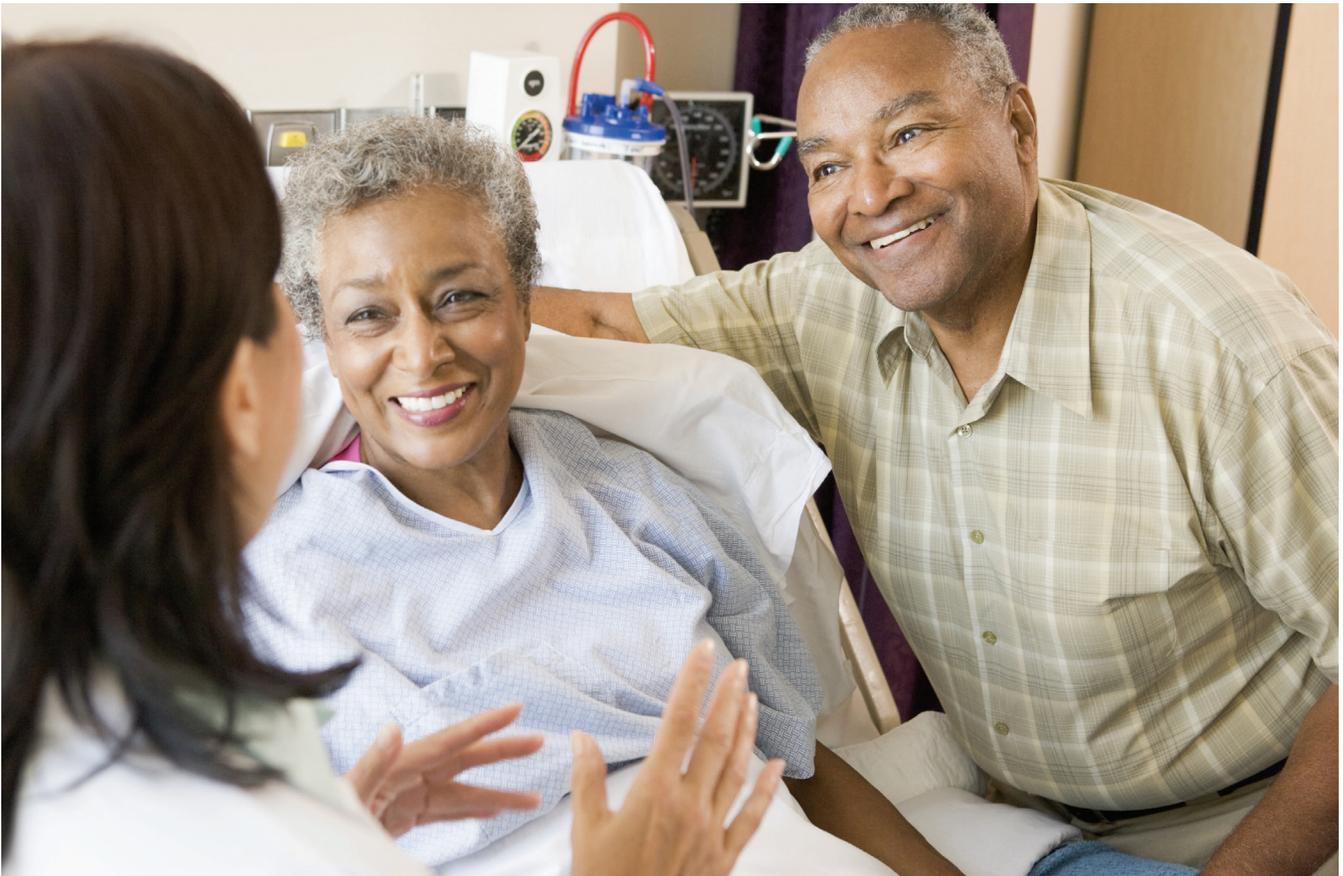
You will be taken to the pre-operative preparation area, where your care team will:

- Help you clean your skin with CHG wipes.
- Swab your nostrils with an antiseptic to prevent infection.
- Review your medical information.
- Put in an Intravenous (IV) tube and give you IV fluids for hydration.

One family member or friend will be allowed to sit with you once you are ready.

Holding area

- You will meet your surgeon, anesthesiologist and other members of your surgical team.
- Your surgeon will mark the surgical site.
- Your anesthesiologist will talk with you in this area to:
 - Review any problems you have had with anesthesia in the past (such as nausea, vomiting or trouble urinating).
 - Develop a safe anesthesia plan based on your health history, medications and personal needs.



Family waiting area

During surgery, your family member will wait in the surgical waiting room. When your surgery is done, your family member will be updated. Tell your family member it may be **3–4 hours** from the time you have surgery until they see you.

Post-Anesthesia Care Unit (PACU)

After surgery, you will wake up in the PACU, also called the recovery room. It is normal to feel sleepy, dizzy or confused as you wake up from anesthesia.

After PACU

Once you are awake, you will be taken to:

- Phase 2 Discharge Unit (if you are going home the day of surgery).
- Surgical Unit (if you are staying overnight at Mary Immaculate).

Your nurse will let your family member know where you are so they can come see you.

Understanding anesthesia

Anesthesia is used to make you comfortable during surgery. Your anesthesiologist will talk to you about your anesthesia and answer your questions.

General anesthesia

A combination of anesthetic gases and IV medications is used.

How general anesthesia works:

Step 1: A mask is placed over your mouth and nose for you to breath oxygen before you are put to sleep.

Step 2: You are given medication in your IV that puts you to sleep.

Step 3: Once you are asleep, a breathing tube is put in your mouth to give you oxygen and anesthesia gases that help keep you asleep and manage your breathing during surgery.

Step 4: IV medication is used to keep you asleep and manage your pain during surgery.

Step 5: Your anesthesia team will monitor you to make sure you stay asleep during surgery.

Step 6: After surgery, the breathing tube will be removed before you wake up.

Step 7: You will slowly wake up.

What to expect after general anesthesia:

- You will be groggy and tired for the rest of the day.
- You may feel dizzy and lightheaded.
- You will have a lower blood pressure.
- Some patients have nausea that can be managed with medication.
- Some patients have a sore throat from the breathing tube.

Understanding post-surgery

Bathing and dressing

An occupational therapist will see you, as needed, to assess your ability to perform daily activities. They will give you assistive devices to help if you need them (such as a sock-aid, reacher or long handle sponge).

Back brace or neck collar

Your surgeon will decide if you need to wear a back brace or neck collar. The back brace or neck collar provides support and helps prevent straining of the spine. Not all patients need a back brace. Follow your surgeon's instructions for when and how long you should wear your back brace or neck collar.

Ice

Ice lessens muscle swelling and eases pain. Use ice 30 minutes on and 30 minutes off as much as possible. **NO HEAT!**



Incentive spirometer

This device prevents fluid from settling in your lungs.

- Use this device **10 times** each hour you are awake.
- If you don't have an incentive spirometer, take a deep breath, hold the breath and cough 10 times each hour you are awake.

Managing pain

Don't expect to be pain free. Pain is a part of recovery. The goal is to ease the pain so you can walk and exercise.

Back pain:

It's normal to feel like a horse kicked you in your back when you wake up. The muscles will be stiff, tight, swollen and spasm. The hardest thing to do after back surgery is to get on and off a chair or toilet. Your surgeon will order medications to help ease pain and spasms.

Neck pain:

A sore throat is normal after neck surgery. Swallowing will help your throat to heal.

Tips for managing pain:

- Deep breathing: Take a slow, deep breath for 5 seconds, then blow the air out slowly for 5 seconds and repeat several times.
- Distraction: Listen to music, read, watch TV or talk to family and friends.
- Ice: Use on your back or neck for 30 minutes on and 30 minutes off as much as possible.
- Medication: Different kinds of medications are prescribed to help manage pain, such as Tylenol (acetaminophen), muscle relaxers and narcotics.
- If you need a medication refill, call your surgeon's office **48 hours ahead** of running out.

Sleeping

Trouble sleeping is normal after surgery. The pain is usually worse at night.

Tips to help you sleep:

- Stay active during the day and evening.
- Limit caffeine and fluids after dinner.
- Cut back on screen time 1 hour before bedtime.
- Take melatonin or benadryl (12.5 mg–25 mg), but **never** take sleep aids and narcotic pain medication at the same time.
- Get up and walk if you can't sleep.

Stay active

Walk short distances every hour you are awake. Moving will help your back muscles to loosen, so they are less stiff and tight.



Steps and walking

The goal is to start moving now that your spine problem is fixed. Moving and changing positions decreases postoperative complications and lessens muscle aching, stiffness and soreness.

A physical therapist will work with you before you go home to teach you how to safely walk using the front wheeled walker.

At home:

- Walk and move every hour you are awake.
- Eat your meals sitting in a chair.
- Do your therapy exercises 2–3 times each day.

Support hose

Support hose promote circulation and decrease swelling. You will be given a pair before you go home if your surgeon wants you to wear them. Wear shoes or socks with traction, so you don't slip and fall.

Putting hose on:

Use a sock aid if you have one to help you get your hose on. If you don't have a sock aid:

- Place a Ziploc bag over your toes and foot arch.
- Slide the hose over the Ziploc bag.
- Pull the Ziploc bag out from the opening by the toes once you get the hose pulled up.

Clean the hose:

Hand-wash with soap and water. Hang them up to air dry.

How to prevent complications

Blood clots

A blood clot is also known as deep vein thrombosis (DVT). Blood clots happens when blood is not circulating (moving).

To prevent a blood clot:

- Ankle pumps 10 times every hour.
- Walk once an hour (while awake) at home.
- Move your legs each hour when sitting or lying down while you are awake.

Signs of a blood clot:

Calf pain, redness and swelling in either leg that does not get better after using ice, elevation and pain medication.

If you think you have a blood clot in your leg, call your surgeon or home health agency.

If you have sudden onset chest pain or shortness of breath when resting, **CALL 911 immediately.**

When a blood clot goes untreated in your leg, it can break away from the vein and travel to the heart (causing a heart attack), lung (causing a pulmonary embolism) or brain (causing a stroke).

Constipation

Constipation is a side effect of narcotic pain medication and anesthesia. When constipation goes untreated, it can lead to bowel blockage.

Tips to prevent constipation:

- Take Colace® (stool softener) daily and/or a mild laxative (MiraLAX®) if needed.
- Take a laxative if your bowels don't move within 2 days of surgery.
- Get up and move every hour.
- Drink 8 glasses of water every day.

Signs of constipation:

- No bowel movement within 2–3 days of surgery
- Unable to pass gas causing severe cramping
- Nausea and vomiting

Reminder: Don't show up for surgery if you are constipated.

Infection

To prevent infection:

- Keep your incision clean and dry.
- Clean your skin daily using antibacterial soap.
- Eat for healing.
- Don't smoke.

Signs of infection:

- Fever: Oral temperature 100.5 degrees or more and doesn't get better taking Tylenol, using the incentive spirometer and walking.
- Shaking or chills
- Developing flu-like symptoms.
- Your wound has:
 - Increased redness, tenderness or swelling
 - Changes in color or the amount of drainage
 - A foul odor or odd smell

Nausea

Narcotic pain medication cause nausea and vomiting if you are not careful.

To prevent nausea:

- Always eat before taking any medication.
- Keep food in your stomach.
- Drink or eat things with ginger and peppermint.
- Take any prescription or over-the-counter medication that is used to decrease stomach acid buildup, such as Maalox, Mylanta, Omeprazole, Pepcid, Prilosec or Tums.

Call your surgeon if you can't eat due to nausea or vomiting.

Pneumonia

People who've had surgery have a higher risk of fluid buildup in their lungs from moving less and not taking deep breaths. This fluid buildup can cause pneumonia.

To prevent pneumonia:

- Walk every hour while awake.
- Don't smoke.
- Use your incentive spirometer 10 times an hour while awake.
- If you don't have an incentive spirometer, take a deep breath, hold the breath and cough 10 times each hour you are awake.

Signs of pneumonia:

- Gradual trouble breathing.
- Coughing up colored sputum (green or yellow).
- Running a fever of 100.5 degrees or greater that does not get better after taking Tylenol (acetaminophen).

Understanding medications after surgery

Acetaminophen (Tylenol®)

Controls pain differently than narcotics (opioids).

- Can be taken with narcotics and anti-inflammatory medication.
- Decreases narcotic use.
- You can take 3000 mg each day.
- Check your narcotic to see if it has any Tylenol or acetaminophen in it.

These narcotics have Tylenol/acetaminophen

(Hydrocodone w/acetaminophen, Vicodin®, Norco®, Oxycodone w/acetaminophen or Percocet®).

How to take Tylenol/acetaminophen on a schedule

Extra Strength Tylenol®/acetaminophen (500mg): 2 pills 3 times a day.

Tylenol® Arthritis (650 mg): 1 pill 4 times a day.

Don't take Tylenol/acetaminophen if:

- You have liver damage or disease
- You are allergic to Tylenol/Acetaminophen
- Your surgeon or care provider instructed you not to take it.



Antibiotics

Used to prevent infection.

- You may be prescribed an antibiotic to take at home.
- Take as prescribed.
- Finish the prescription.
- Eat before taking to prevent upset stomach or stomach pain.
- Eat yogurt and probiotics.

Anti-inflammatory (NSAID)

- **Don't take any NSAID medication after spinal fusion.**
- NSAIDS slow bone healing.
- Talk with your surgeon if you have any questions.

Daily medications

Routine medications are often restarted after surgery.

- Your surgeon will let you know if there are medications you should not restart.
- Look at your discharge paperwork or ask your care team if you have questions.
- Check your blood pressure before taking blood pressure medication. **Don't take your blood pressure medication if your blood pressure is low.**
- Diabetics should check their blood sugar at home to be safe before taking medication.

Muscle relaxers

Helps ease muscle spasms and tightness.

- Narcotic pain medication **will not** help a muscle spasm.
- Take a muscle relaxer if your back feels tight.
- Don't take a muscle relaxer, narcotic and any anti-anxiety medication at the same time. **Take them 2 hours apart.** You can stop breathing if you take them at the same time.

Narcotic pain medication

Helps you have pain tolerance as you recover from joint replacement.

- Take as needed.
- Don't take more than prescribed.
- Eat before taking to prevent nausea, dizziness or passing out.
- Stop taking or wean yourself off as soon as possible.
- Call your surgeon if you need a refill.

Remember: the goal is pain tolerance. This means you will have pain. The medication helps ease the pain enough so you can do your exercises and move every hour.

Stool softener

Used to prevent constipation caused by narcotics and anesthesia.

- Unresolved constipation causes a bowel blockage.
- Take an over-the-counter stool softener twice a day while taking your narcotic, such as Colace®, Senakot® or MiraLAX®.
- Take an over-the-counter laxative if your bowels *don't move within 2-3 days* of surgery. This can include Milk of Magnesia®, Dulcolax® or Fleet Enema.

Medication side effects

MEDICATION TYPE/USE		MEDICATION NAMES	SIDE EFFECTS
PAIN TOLERANCE			
Non-narcotics	So you can walk, do your exercises and take care of yourself	Acetaminophen (Tylenol®) Do not take more than 3,000 mg every 24 hours	Upset stomach Rash Headache Dark urine Liver problem
Narcotics		Hydrocodone/Acetaminophen (Norco®, Lortab®) Hydromorphone (Dilaudid®) Oxycodone (Roxicodone®) Oxycodone/Acetaminophen (Percocet®)	Upset stomach Drowsiness Itching Dry mouth Constipation Trouble urinating
NSAID/Non-steroidal anti-inflammatories: Helps with swelling and pain		Celecoxib (Celebrex®)	Upset stomach Reflux Diarrhea High blood pressure Liver problems
Nerve pain medications: Can help with neuropathic pain		Gabapentin Pregabalin (Lyrica®)	Drowsy Dizziness Dry mouth Upset stomach Weight gain
STOP THE CLOT			
Blood thinners: Helps you not get a blood clot		Aspirin Apixaban (Eliquis®) Enoxaparin (Lovenox®) Rivaroxaban (Xarelto®) Warfarin (Coumadin®)	Bruising Bleeding (nose, urine, stool) Dizziness Upset stomach Tired
CONSTIPATION			
Stool softener: Makes stool soft		Docusate (Colace®)	Stomach cramps Nausea Diarrhea
Laxatives: Makes bowels move		Milk of Magnesia (MOM) Polyethylene Glycol (MiraLAX®) Senna (Senokot®)	Diarrhea Cramping Upset stomach Burping
UPSET STOMACH			
Medications or over-the-counter products: Used to prevent or treat nausea or throwing up		Ondansertron (Zofran®)	Dry mouth Dizziness Headache
		Ginger ale Ginger tea Peppermint candy Peppermint essential oil	None

About the drain (removal and dressing)

When will the drain come out?

You may wake up with a drain in your back or neck after surgery. Your surgeon will decide when the drain should be removed.

Removed before discharge home:

- Your nurse will remove the drain and place a new dressing over the wound.
- It is normal to have some drainage on the dressing after the drain is removed.

Removed after discharge home:

- If you are going home with the drain in, your nurse will teach you how to empty the drain.
- The drain will be removed by your home health nurse or your surgeon in the office.
- The drain should come out 1–2 days after you go home.

Call your surgeon's office if you are not sure when the drain is to be removed.

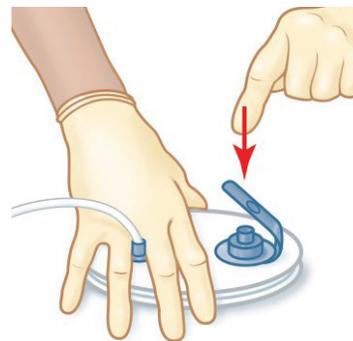
Things to know:

- Secure the drain to your clothes or brace with safety pin.
- Don't shower while you have the drain.
- If the drain accidentally comes out:
 - Put a dressing over the drain site and tape it tight.
 - Hold pressure over the drain site until the drainage stops.
 - Call your surgeon or home health.

Hemovac drain

How to empty the drain

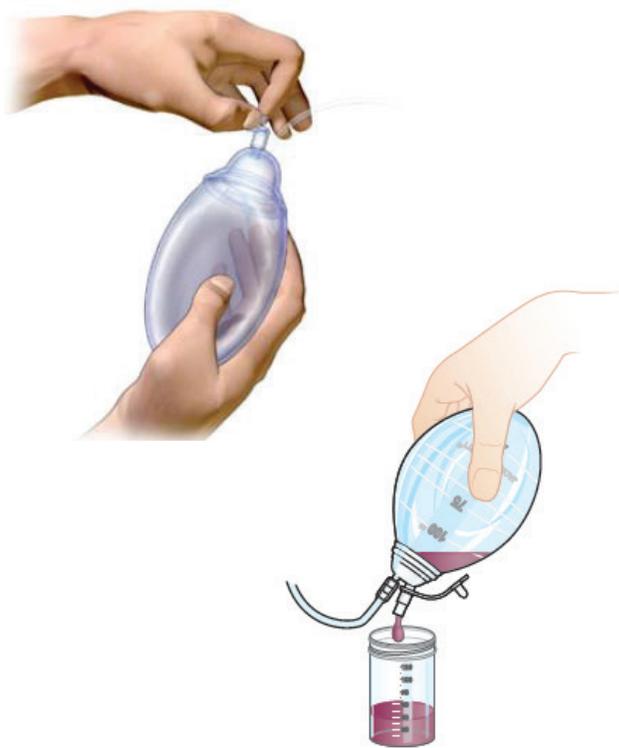
- Wash your hands before and after you empty the drain.
- Open the stopper.
- Pour out the drainage into a disposable cup.
- Squeeze the drain flat then close the stopper.



JP drain

How to empty the drain

- Open the stopper.
- Turn the bulb upside down and squeeze the bulb so the fluid comes out into a cup.
- With the stopper open, squeeze the bulb to empty the fluid.
- Close the stopper when done emptying the drain.



Understanding care after discharge

Home health

- Your surgeon's office will arrange for home health services before your surgery. Call your surgeon if you have questions or concerns about home health or outpatient therapy.
- Write down the name and phone number of the agency when they call you.
- A physical therapist will come to your home 3 days a week until your first post-op checkup.
- The first visit will be within 48 hours after you get home.
- Your therapist or home health nurse will manage your dressing.

Surgical incision care

Your incision will be covered with a dressing. Underneath your dressing you will have staples, sutures or dissolvable stitches covered with a skin glue, sutures or steri strips.

- Don't remove the glue or steri strips, even if they begin to peel.
- Don't use any lotions, creams, ointments or powders on or near your incision.
- Call your surgeon's office if your bandage is soaked with blood or drainage.



Bathing after surgery

Follow your surgeon's written instructions for when you can shower after surgery.

- **Clean** your skin daily to prevent infection.
- **Use** antibacterial soap like Dial® until the wound is healed.

How many grams of protein you need to heal

Weight (lbs.)	Grams of protein
110 lbs.	40-50 g
120 lbs.	44-55 g
130 lbs.	47-59 g
140 lbs.	50-64 g
150 lbs.	55-68 g
160 lbs.	58-72 g
170 lbs.	62-77 g
180 lbs.	65-82 g
190 lbs.	69-87 g
200 lbs.	73-91 g
210 lbs.	76-95 g
220 lbs.	80-100 g
230 lbs.	84-105 g
240 lbs.	87-109 g
250 lbs.	91-114 g
260 lbs.	95-118 g
270 lbs.	98-123 g
280 lbs.	102-107 g
290 lbs.	105-132 g



Eat healthy

Eating healthy before and after surgery is important for healing and energy.

- Drink 8 glasses of water a day (1 glass = 8 ounces)
- Don't skip meals. It is normal not to be hungry after surgery.
- Eat high-fiber foods such as fruits, vegetables and beans.
- Eat a small amounts of protein at each meal to help your muscles heal.

Be safe after surgery

Back safety

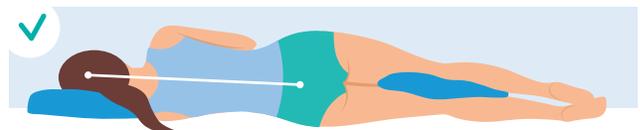
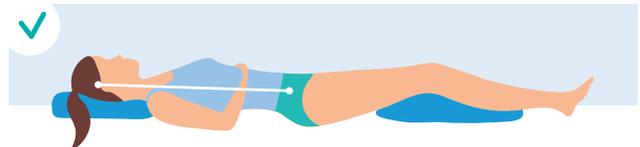
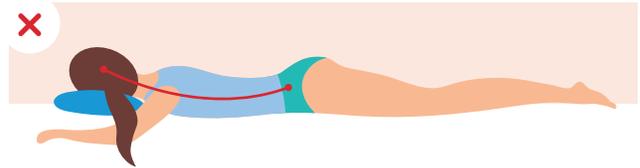
Be careful how you move your back after surgery.

Moving

No bending at the waist

No lifting anything greater than 10 pounds (ex: gallon of milk)

No twisting at the waist.



Sleeping

- You may want to sleep in a recliner the first few nights at home.
- Don't lie on your stomach.
- Lying on your back: place pillows under your legs for comfort.
- Lying on your side: place pillows between your legs.

Neck safety

Moving

- Slow and gentle up and down motion with your head.
- Slow and gentle yes or no motion with your head.

Sleeping

- Sleep with your head elevated the first few days to prevent swelling around your neck.
- You can sleep in a recliner for comfort

Swallowing

- Swallow every 10 minutes to promote blood flow to your throat.
- Drinking cold liquids can help with swelling.
- Use over-the-counter spray for a sore throat.
- Drink liquids through a straw.
- Take small bites when eating.
- Eat anything you can chew and make soft.

**Call your surgeon right away
if you are not able to swallow
your saliva or spit.**

How to:

Get out of bed

- Log roll to get out of bed.
- Roll onto your side like a log.
- Push off the bed with your arms.
- Keep you back straight.



Get into a car

- Move the seat back as far as it goes and recline it slightly.
- Back up close to the seat.
- Place one hand on the back of the seat, and one hand on the dashboard for support.
- Don't hold on to the door.
- Sit down slowly.
- Slide back as far as you can go.



Sit down and stand up

- Back up to the chair until you feel the chair behind your legs.
- Reach back to grab the arm rest with one hand then the other.
- Use your arms to slowly lower yourself into the chair.
- Reverse the direction for standing.



How to use a walker

- If you have a back brace, put it on before you stand up.
- Roll the walker forward with both hands holding on to the walker.
- Use your arms to support your legs to prevent falling.
- Stand tall.
- Don't walk bent over.
- Don't let go of the walker.
- Don't stop using the walker until your therapist says you are safe to stop.

